

reporting of SSIs in General Surgery. Development of a new scoring system to actively detect SSIs and its effectiveness is compared with an established system.

**Methods:** Retrospective study of 76 patients who underwent colorectal resections between 1<sup>st</sup> June and 31<sup>st</sup> August 2014. Prospective study of 43 patients operated on from 1<sup>st</sup> October to 15<sup>th</sup> November 2014. Surgical wounds were assessed by 2 independent assessors twice weekly using 2 scoring systems.

**Results:** SSI rate from the retrospective study was 6.6%. 80% of SSI cases were reported in discharge summaries. 5.2% of patients were coded as SSIs. SSI rate in the prospective study was 9.3%. 25% of these cases were diagnosed as SSIs on both scoring systems. 75% cases were detected as high risk for SSIs on both scoring systems before a diagnosis of SSIs was made.

**Conclusion:** There is under-reporting and discrepancy between coding and actual rate of SSIs. The new scoring system showed promise in detecting early signs of SSIs for early intervention.

#### 0204: THE SUPERIOR MESENTERIC ARTERY STENOSIS IN COLORECTAL CANCER PATIENTS: RADIOLOGICAL REPORTING AND CLINICAL OUTCOMES

J. Kaczynski<sup>a,\*</sup>, P. Hrobar, J. Sathianathan, I. Muir. *Dumfries and Galloway Royal Infirmary, UK*

**Aim:** Anastomotic leakage (AL) remains the most serious complication following restoration of bowel continuity. The primary aims were to assess radiological reporting of the Superior Mesenteric Artery (SMA) stenosis and to correlate the severity of the SMA stenosis with an AL rate. Secondary objective was to formulate management plan of the SMA revascularisation in patients with the concurrent colorectal cancer.

**Methods:** Retrospective audit of all patients listed at the colorectal multidisciplinary team meeting between February 2010–March 2012. Computed tomography scans reports were checked for diagnosis of the SMA stenosis. Relevant case notes were examined for an AL rate.

**Results:** 407 patients with median age of 78 (range 43–92), 240 were males. The SMA stenosis was reported in 7 cases. It was unreported in 70 cases and these included 24 cases with the SMA stenosis <30%, 26 (30–50%), 15 (50–70%) and 5 cases >70% stenosis. There were no anastomotic leaks in either of the groups.

**Conclusion:** Although no correlation between the severity of the SMA stenosis and AL rate following colorectal cancer surgery was found, reporting guidelines that define the aspects of radiological good medical practice should be followed. Revascularisation of the <70% SMA stenosis is not indicated.

#### 0294: EXERCISE TOLERANCE IS THE ONLY MODIFIABLE LIFESTYLE FACTOR THAT PREDICTS POST-OPERATIVE OUTCOMES IN AN ERAS POPULATION

E. McLennan<sup>a,\*</sup>, R. Oliphant<sup>b</sup>, C. McCutcheon<sup>b</sup>, S. Moug<sup>b</sup>. <sup>a</sup>University of Glasgow, UK; <sup>b</sup>Royal Alexandra Hospital, UK

**Aim:** Enhanced recovery after surgery (ERAS) programmes aim to standardise peri-operative care to improve patients outcomes. However, individual lifestyle factors can also significantly influence outcomes. This study explores the influence of such factors on short-term outcomes after colorectal surgery.

**Methods:** Consecutive patients enrolled on an ERAS pathway after elective colorectal surgery at one hospital site (June 2013 – March 2014) were included. Prospectively collected data from an ERAS departmental database were linked to computerised hospital records that recorded lifestyle factors and analysed for their influence on post-operative complications and length of stay.

**Results:** 138 patients (55.1% male) were included. Patients with limited pre-operative exercise tolerance (self-reported by patient as 'unable to climb 2 flights of stairs without stopping') were associated with a significant increase in post-operative complications (Clavien-Dindo I–III) [OR 5.1 (95% C.I. 1.24, 21.03; P = 0.024)] and almost 3 times more likely to have prolonged hospital stay [OR 2.87 (95% C.I. 1.02, 9.80; P = 0.047)] compared to those with good exercise tolerance. Age, gender, deprivation, smoking

status, alcohol intake, BMI or level of co-morbidity were found not to be significant.

**Conclusion:** Limited exercise tolerance adversely influenced post-operative outcomes, creating a potential role for prehabilitation in colorectal surgery.

#### 0304: SIX MONTH CLINICAL OUTCOMES IN PATIENTS WITH INTERMEDIATE RAISED FAECAL CALPROTECTIN LEVELS

M. McFarlane, S. Chambers<sup>\*</sup>, A. Dhaliwal, A. Patel, C. Nwokolo, R. Arasaradnam. *University Hospital Coventry & Warwickshire, Coventry, UK*

**Aim:** A recent systematic review has confirmed the value of Faecal Calprotectin (FC) in distinguishing between organic and non-organic GI disease. We aimed to determine clinical outcomes in patients with intermediate FC levels, 50–250 mcg/g.

**Methods:** 444 patients were identified between June 2012 – October 2013; 351 normal (<50 mcg/g), 55 intermediate (50–250 mcg/g) and 34 raised (>250 mcg/g). 12 month clinical outcome data was analysed.

**Results:** Of those with normal FC results, only 18% were referred to secondary care, with a third of these in secondary care at 6 months. None were diagnosed with IBD.

Of those with raised FC, 17% were known IBD with a further 37% newly diagnosed with IBD. 40% remained in secondary care at 6 months.

Of the intermediate patients, 2% were known IBD and 10% were newly diagnosed, 16% were diagnosed with another organic GI condition (e.g. Diverticular disease). 22% were in secondary care at 6 months.

**Conclusion:** 1) 79% of FC requested were normal, with similar proportion managed in primary care without diagnosis of IBD. 2) Newly diagnosed IBD approximately 4 times more common with FC values >250 mcg/g. 3) 22% with intermediate FC levels remained in secondary care at 6 months.

#### 0319: COLONOSCOPY: TO SCOPE OR NOT TO SCOPE?

I. Samra<sup>\*</sup>, S. Kurrimboccus. *Pennine Acute Hospitals NHS Trust, Manchester, UK*

**Aim:** Same-day colonoscopy cancellations have a large financial impact on the NHS and a clinical impact on the patient and those waiting.

We set out to evaluate same-day colonoscopy cancellations and determine reasons for cancellations with the aim of identifying shortfalls and improving services.

**Methods:** A retrospective review identified 52 patients with same-day colonoscopy cancellations from February 2012 to July 2014 from a single endoscopist's list. Colonoscopy reports from Unisoft were obtained and analysed for indications and reasons for cancellation. Hospital databases were used to access previous colonoscopy and histology reports.

**Results:** 8.9% of all requested colonoscopies were cancelled on the day of the procedure over a 2.5-year period. 34.6% of patients were cancelled as a result of the procedure not being indicated, with 77.7% due to inappropriate follow-up for polyp surveillance, against BSG guidelines. 26.9% of patients were cancelled due to inadequate bowel preparation.

**Conclusion:** Colonoscopy remains the gold-standard investigation of choice for a number of colorectal symptoms. It is however resource intensive and expensive, with demand for services currently outweighing supply.

We highlight poor adherence to BSG guidelines with regard to polyp surveillance in this study with potential for improvement.

#### 0381: EARLY WARNING SCORE PREDICTS RECOVERY AFTER MAJOR COLORECTAL SURGERY

S. Liptrot<sup>\*</sup>, C. Walter, C. Harber. *Nottingham University Hospital NHS Trust, Nottingham, UK*

**Aim:** The early warning score (EWS) is an established tool that helps to identify patients at risk using a set of routine observations. The aim of this study was to determine if there was a relationship between an early abnormality in the EWS after major colorectal surgery and patients' recovery.